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## Description

### I. BACKGROUND OF THE INVENTION

The present invention relates generally to a device for the treatment of osteoporosis and afflictions characterized by inadequate local or general bone mass, and specifically the use of gravity-driven impact loading for such treatment.

Osteoporosis is a pernicious disorder usually, but not exclusively, afflicting elderly women. The osteoporotic state can also be manifest by those who are confined to bed and even by astronauts who are in a weightless environment. Osteoporosis occurs through a decrease in the density of bone mass which makes the afflicted bones more fragile and more susceptible to breaking.

Osteoporosis often is a debilitating problem. The injuries resulting from osteoporosis often require extended hospital stays, and sometimes involve expensive and painful surgery. Health care costs for this condition approach ten billion dollars per year in the United States alone. In addition, osteoporosis severely diminishes the mobility and vitality of those affected with the disease.

The general population also feels the effects of this disease. Persons afflicted with osteoporosis must depend upon relatives and others for care, and everyone is affected by the health costs and the use of hospital facilities attributable to this affliction.

The reduction in bone mass from osteoporosis results when bone destruction outpaces bone formation. The balance between destruction and formation is affected by hormones, calcium intake, vitamin D and its metabolites, weight, smoking, alcohol consumption, exercise and many other factors too numerous to mention.

To slow or reverse bone loss, doctors have focused their attention on estrogens, calcium, and exercise, used either together or individually. More recently, fluorides and thiazides have been tested as therapeutic agents, but none of these approaches has been successful in restoring a severely depleted skeleton to normal. In addition, many elderly individuals with advanced bone loss cannot participate in exercise programs due to poor reflexes, motor tone and balance, as well as stress pain or stress fractures.

It is therefore desirable to find unique methods for treating osteoporosis and its related conditions. A promising avenue is based on Wolff's law which, in short, states that bone adapts to the forces acting upon it. In other words, bone will remodel to relieve the applied stress.

Certain research has suggested an electrical intermediary in Wolff's law. Because bone is piezoelectric and electrokinetic, it generates an

electrical signal in response to the applied force. That electrical signal then effects bone formation. This is explained in Bassett, "Effect of Force on Skeletal Tissues," *Physiological Basis of Rehabilitation Medicine* (1971) ("Bassett '71"). On the basis of Wolff's law and more recent investigations, two techniques have been developed for treatment of bone disorders. One involves mechanical forces and the other involves electrical forces.

One of the first and most complete investigations into the effect of mechanical loading on bone tissue was reported in Cochran et al., "Electrical Mechanical Characteristics of Bone Under Physiologic Moisture Conditions," *Clinical Orthopedics* No. 58, pp. 249-270 (1968). In that article, both *in vitro* and *in vivo* measurements showed the electrical potentials developed due to bone deformation. The results of this and related work led to the use of electromagnetic stimulation to control bone tissue as reported in Bassett et al., "Augmentation of Bone Repair by Inductively Coupled Electromagnetic Fields," *Science*, Vol. 184, pp. 575-77, (May 1974), and Bassett et al., "A Non-Operative Salvage of Surgically Resistant Pseudarthroses and Non-Unions by Pulsing Electromagnetic Fields, A Preliminary Report," *Clinical Orthopedics*, Vol. 124, pp. 128-143 (1977). Such work and research also led to the development of products for the stimulation of bone tissue electromagnetically. In addition, some work was carried over into the treatment of osteoporosis, as reported in Bassett et al., "Prevention of Disuse Osteoporosis in the Rat by Means of Pulsing Electromagnetic Fields," in Brighton et al., Electrical Properties of Bone and Cartilage: Experimental Effects and Clinical Applications, 311 (1979); Cruess et al., "The Effect of Pulsing Electromagnetic Fields Upon Bone Metabolism in an Experimental Model of Disuse Osteoporosis," *Clinical Orthopedics*, 173, 245 (1983); and Rubin et al., "Prevention of Osteoporosis by Pulsed Electromagnetic Fields."

The Cochran paper also suggested the possibility of a critical mechanical loading rate to generate maximal voltages. To this end, patients have been treated with axial compression exercises, as reported in Bassett '71, on pages 312-314. In general, however, this work has received less attention than the electromagnetic work.

Some interest in mechanical methods of controlling bone loss has continued. For example, the National Aeronautic and Space Administration funded a study whose purpose was to use impact loading on patients' heels to stimulate bone formation. Reference to this work was described in an abstract printed in the U.S.P.H.S. Professional Association, 11th Annual Meeting (May 26-29, 1976), and entitled "Modification of Negative Calcium Balance and Bone Mineral Loss During Bed Rest."

The abstract reported that impact loading, which was kept to 25 pounds, could slow down the loss of calcium and achieve other beneficial results.

More recently, two papers by Rubin and Lanyon have suggested that periodical strain rates and cycling patterns generate maximal osteogenic response in avian bones. In one of those papers, entitled "Regulation of Bone Formation by Applied Dynamic Loads," The Journal of Bone and Joint Surgery, Vol. 66-A, No. 3, pp. 397-402 (March 1984), an experiment demonstrated that cyclically loading the bones at .5 Hz caused bone formation, although repetition of more than 36 cycles did not seem to increase bone formation. The paper also suggested that an abnormal strain distribution caused an increase in bone mass. In a later paper entitled "Regulation of Bone Mass by Mechanical Strain Magnitude," Calcified Tissue International, 37: 411-417 (1985), Rubin and Lanyon also showed a graded dose response subjected to 100 load cycles at 1 Hz showed a graded dose response relationship between peak strain and change in bone tissue mass.

No one, however, had yet been able to translate this general laboratory information into a clinically effective device for treatment of osteoporosis conditions.

US Patent 1,709,410 discloses an apparatus including a platform on which a person stands. The platform is driven by a cam so as to oscillate vertically for shaking the person for promoting stomach lavage.

It is an object of the present invention to provide a device for use in treatment for osteoporosis in humans which is both safe and effective.

It is a further object of the present invention to employ the concept of a critical loading factor in the treatment device for osteoporosis and other skeletal problems in which a diminished bone mass is present.

Additional objects and advantages of the invention will be set forth in the description which follows, and in part will be obvious from the description, or may be learned by practice of the invention. The objects and advantages of the invention may be realized and obtained by means of the instrumentalities and combinations particularly pointed out in the appended claims.

#### SUMMARY OF THE INVENTION

To achieve the foregoing objects, and in accordance with the purposes of the invention as embodied and broadly described herein, there is provided a device for use in treating a patient suffering from bone disorders, said device comprising:

- a) a pivoting platform having one end designed to support said patient's heels,

b) cyclic lifting means for alternately lifting and lowering said one end of said platform to lift said patient's heels and then let them drop,

c) a motor rotatably coupled to said cyclic lifting means for causing said cyclic lifting means to rotate and to alternately lift and lower said one end of said platform and switch means for activating said motor,

characterised in that rate adjustment means is provided for controlling the speed of said motor, and in that distance adjusting means is provided to act with the cyclic lifting means to allow said patient's heels to drop a prescribed drop excursion to impart a desired load to the skeletal tissue of said patient, said prescribed drop excursion being determined in accordance with a desired impact load to be imparted to said patient to generate in the patient's skeletal tissue an electrical signal having the majority of its energy level between 0.1 Hz and 1 kHz, with peak amplitude values lying between 15 and 16 Hz, the electrical signal being generated in response to the dropping of the patient's heels.

The cyclic lifting means may include a pivoted lever linked to the lifted end of the platform. The pivoted lever may have a cam follower at its non-pivoted end, and a cam engaging the cam follower. The cam could include means for gradually lifting the one end of the platform in a controlled manner to raise the patient's heels a prescribed drop excursion, and means for allowing the one end of the platform to drop the prescribed drop excursion to impart a desired load to the skeletal tissue of the patient, where the prescribed drop excursion is determined in accordance with a desired impact load to be imparted to the patient.

A control is provided to vary the speed of the motor rate adjustment means for controlling the speed of the motor and thus the rotation of the cyclic lifting means or cam. This in turn causes the desired load to be imparted to the patient at the desired rate and causes the patient's skeletal tissue to generate an electrical signal having a majority of its energy between .1 Hz and 1 kHz, with the peak amplitude values lying between 15 and 16 Hz.

#### BRIEF DESCRIPTION OF THE DRAWINGS

The accompanying drawings, which are incorporated in and constitute a part of the specification, illustrate a presently preferred embodiment of the invention and, together with the general description given above and the detailed description of the preferred embodiment given below, serve to explain the principles of the invention:

Fig. 1 is an elevational view of a device for treating a patient suffering from bone disorders incorporating the teachings of the present invention.

tion.

Fig. 2 is a side view of components of the device illustrated in Fig. 1.

Fig. 3 is a side view of other components of the device illustrated in Fig. 1.

Fig. 4 is a side view of the handlebars and the base.

Fig. 5 is a side view of a further embodiment of the present invention.

Fig. 6 is an elevational view of the embodiment shown in Fig. 5.

#### DESCRIPTION OF THE PREFERRED EMBODIMENT

Reference will now be made in detail to the presently preferred embodiment of the invention as illustrated in the accompanying drawings.

Initially it is necessary to determine values, based upon characteristics of a patient's skeletal tissue, for impact load, impact rate, and treatment duration. The patient's skeletal tissue characteristics include the amount of bone, as well as the bone's strength and anatomical distribution. The impact load and the impact rate are chosen to generate electrical signals in the patient's skeletal tissue such that the majority of energy of the electrical signals lies between 0.1 Hz and 1 kHz with the peak amplitude values lying between 15 and 16 Hz.

The value for impact load and impact rate for the treatment to be prescribed for a particular patient can be made several ways. The ultimate desire is to find values for these parameters which, when combined with the impact load and rate which the patient is generating naturally by his or her own behavior, will promote normal bone formation and structure.

Preferably, such determination is made by first measuring the impact load and rates generated by a patient when walking normally, and then comparing that measured impact load and rate to values for "typical" impact loads and rates. Such typical values may be retrieved from data reflecting ranges of impact loads and rates which members of the general population have been found to have delivered to their skeletons during normal walking activity. The impact load and impact rate to be prescribed for a particular patient would be those values necessary to augment the patient's own measured impact load and rate values such that the total values are in the typical ranges for the general population.

Preferably, the tables of ranges of typical ranges for impact loads and rates would be developed from published data, such as the references described in the background of invention as well as other references, such as L.E. Lanyon et al.,

"Strain Related Electrical Potentials Recorded In Vitro and Vivo". *Calcif. Tiss. Res.* 2, 315-327 (1977) ("Lanyon '66'"), and would be updated by current measurements based on subjects taken from a cross-section of the population. Preferably, the table would be subdivided into several salient categories, such as age, weight, skeletal structure, sex, and prior medical history. The categories should be those which an orthopedic surgeon or physician should take into account when prescribing treatment for osteoporotic symptoms.

One way of making the measurements of impact loads and rates of patients and subjects used to generate typical values is to attach a section of piezoelectric film to the back of a section of thin carpeting. Patients will then walk along the carpeting, and the piezoelectric material will convert the impact of the patients' heel strikes into electrical signals from which the impact loads and rates can be measured.

To complete the data base, the patients' and subjects' height, weight, sex, and medical history should be taken, and information regarding the patients' and subjects' skeletal structure should be measured. Such information, which includes determinations regarding the amount of bone, its strength, and its anatomical distribution, may be obtained using several conventional methods. A common method uses a dual photon absorptiometry, such as can be provided using a Lunar DP3 scanner.

When prescribing a treatment regimen, care must be taken to ensure that the treatment is focused within a particular range which has been found to be the most efficacious. The best response for improving bone condition has been found for impact loads and rates which generate electrical responses in skeletal tissue such that the majority of energy lies in the range of 0.1Hz to 1kHz, and the peak amplitude values for such signals lie between 15 and 16 Hz (see Lanyon '66'). The electrical response in bone for a particular impact rate and load can be determined based from available data correlating those parameters, such as the reference described above. It has been found that in the range of 0.1Hz to 1kHz, the electrical responses are linearly related to the impact load.

To determine the frequencies for the peak values for the electrical response for a given impact load and impact rate, any type of spectrum analysis, such as a Fourier analysis, can be used. With such analysis, one can easily obtain the frequencies the majority of energy and peak values lie. From such a determination, one can then adjust the described impact load and rate to fall within the desired range. Initially, it is desirable to start the patient out with a low load rate and a high drop.

Then after about one month, the damping factor may be decreased and the excursion factor increased.

Preferably, the duration of treatment would be determined in accordance with experimental data. It has been found that repetitions of more than 30-40 cycles per day of impact load produce no additional benefit. Thus, the treatment duration would preferably be determined by such experimental data.

A device according to the present invention for use in treating a patient suffering from bone disorders will now be described in detail with reference to Figs. 1-4. The device is shown generally at 8. A user 10 for the device rests on the floor or ground. Base 10 supports bearing blocks 12. Bearings 14 located in bearing blocks 12 allow free rotation of the platform 32. The pivot point is located so as to provide greater linear movement of one end of platform 32. This end is designed to support the patient's heels and is called the "lifted end." A toe support 26 is located at the fixed end 32' of the platform 32 to support the toes of the patient as the platform pivots. As shown in Fig. 1, the right bearing block 12 also has a pivot bearing 16 about which the fixed end of a lift lever 40 pivots. Lift lever 40 is connected to platform 32 by a link 38. As the free end of lift lever 40 is raised, the lifted end of platform 32 is also raised.

In accordance with the present invention, the device for treating patients includes cyclic lifting means for alternately lifting and lowering the free end of the lift lever to cause the platform to lift the patient's heels and allow them, to be dropped the prescribed drop excursion. As shown in Figs. 2-3, such means may include a roller cam follower 42 and cam 44. Roller cam follower 42 is placed on the moveable end of lift lever 40 and rests on lift cam 44 which rotates in the direction shown in Fig. 2. As cam 44 rotates, cam follower 42 rides on the cam surface and raises lift lever 40. Alternatively, a piston may be substituted for the cam.

As another alternative, platform 32 may be moved by reverse activation. Instead of physically lifting one end of the platform, fixed end 32' could be depressed by a cam to raise the lifted end of platform 32. Fixed end 32' could also be depressed by a linear actuator having a fixed or variable speed and capable of variable height/length of activation or depression.

Still another alternative embodiment of this invention involves a movable pivot. In such an embodiment, a round bar would be placed under the platform and is moved (e.g., from right to left in Fig. 1) with the patient standing on platform 32. As the bar reaches the location of the pivots or bearings 14, the platform will tilt so as to cause a free fall to the stops on the right side of the platform,

and thus accomplish the same effect as the cam or linear actuator.

In this technique, the cycle would consist of initially placing the bar to the extreme right under platform 32 as shown in Fig. 1 and then moving the bar to the left until it reaches the position of the pivots 14. At that point, the bar stops and is drawn back to the right until it is again at or close to the extreme right hand end of the platform. The diameter of the bar is adjusted to provide the desired free fall of the lifted end of the platform 32, or alternately, the depressed end is lowered to proper position to allow a proper fall of the other end.

Also in accordance with the present invention, the cam includes means for gradually lifting the free end of the lift lever and means for allowing the platform to drop the prescribed drop excursion. In the preferred embodiment, cam 44 includes a gradually increasing curved surface 44' which gradually lifts the free end of the lift lever 40 which is connected to platform 32 in a controlled manner to raise the patient the prescribed drop excursion. Lift cam 44 further includes a discontinuous surface 44'' which allows the free end of the lift lever 40 which is connected to platform 32 by lift link 38 to drop the prescribed drop excursion to impart a desired load to the patient. The prescribed drop excursion can be adjusted by modifying the surface of lift cam 44. Additionally, the prescribed drop excursion may be adjusted by varying the length of lift link 38.

Using the preferred structure, the patient's heels are lifted the prescribed distance and allowed to drop by placing the patient on pivoting platform 32. Lift cam 44 is rotated so that cam follower 42 rides on the cam surface and raises lift lever 40, and thus pivoting platform 32. Alternatively, fluid powered or electrically powered linear actuators may be used to accomplish the lifting of platform 32.

As shown in Figs. 2-3, lift cam 44 is periodically rotated with electric motor 46. Motor 46 is shown in Fig. 1 as housed in a drive cover 58, is activated by a toggle switch 60. Lift cam 44 is attached to an output shaft 56 of a speed reduction drive 50. A reduction drive input shaft carries a pulley 54 which is driven by a timing belt 52 and a motor pulley 48 mounted on a motor output shaft 47. Pulleys 48, 54 are selected to drive speed reduction drive 50 and can be adjusted to control the rotation speed. The motor for driving the cam may be pneumatic, hydraulic or internal combustion powered. In the present invention, the motor includes rate adjustment means for controlling the speed of the motor. Preferably motor 46 has a rate controller 46a coupled to motor 46 to control the rate of motor 46. The rate of rotation could also be controlled using speed reduction drive 50.

In accordance with the present invention, means are provided to adjust the prescribed drop excursion for adjusting the damping of the platform. Stops 28, 30 mounted on base 10 can provide both of these functions. In its horizontal position, pivoting platform 32 rests on stops 28, 30. Stops 28, 30 prevent the platform from dropping further than the prescribed drop excursion and damp the impact produced when platform 32 drops. Stops 28, 30 may be formed of a rigid, plastic or visco-elastic material to provide various levels of damping, depending on their material properties. Additionally, stops 28, 30 may be formed of different heights in order to adjust the prescribed drop excursion the patient is lifted.

In accordance with the present invention, computer means, such as computer 64, may be provided to control various parameters of the device. Preferably computer 64 includes a microprocessor. Computer 64 may be programmed to control the prescribed drop excursion which the patient is lifted by selecting different stops. Computer 64 may also be programmed to provide variable damping of the platform in the same manner. Furthermore, computer 64 may be used to control the rate of repetition of the lifting and dropping steps by controlling the speed of motor 46.

Computer 64 may also be programmed to perform the necessary calculations for impact load, impact rate and treatment duration. In the preferred embodiment of the apparatus of this invention, computer 64 would contain the data base for the typical values related to the patient population and characteristics indicated above. If computer 64 is used in this manner, the patient data and dual photon absorptiometry measurements are entered into computer 64 which then determines the impact load and rate for the desired treatment regimen. As described above, computer 64 can then be used to set the components of device 8 to obtain that regimen.

As shown in Fig 4, block 10 also provides support for handlebars 18, 20. Handlebars 18, 20 are reinforced by brackets 22, 24 and allow the patient a mechanism for maintaining his or her balance during treatment. An indicator 25 is provided on handlebars 18, 20 for signaling the patient when it is time for the next treatment. Indicator 25 may be, for example, a light, bell, buzzer or whistle. In addition, a switch may be provided on one of the handlebars 18, 20 which causes platform 32 to return to the horizontal position to allow the patient to get on and off.

According to a further embodiment of the invention as shown in Figs. 5 and 6, the platform 32 may include a U-shaped frame or cage 66. Cage 66 rests on platform 32 and contains the patient. The cage thus supports the patient and maintains

the patient's balance during treatment.

In operation, the patient stands on the platform, using the handle bars for balance if necessary. Motor 46 causes cam 44 to rotate and alternately lift platform 32 the prescribed drop excursion and to allow platform 32 to drop the prescribed drop excursion. As cam 44 rotates, its shape is such that after it has raised cam follower 42 to maximum height, it no longer supports cam follower 42 and platform 32. The shape of cam 44 thereby permits a free-fall of the platform 32 under the force of gravity onto stops 28, 30 and causes the individual to come to rest on platform 32.

The present invention is directed to a mechanical means of producing endogenous electrical sources. An advantage of the present invention is that it is compatible and complementary with exogenous sources such as electrodes or time-bearing electric fields.

Additional advantages and modifications will readily occur to those skilled in the art. The invention in its broader aspects is, therefore, not limited to the specific details, representative apparatus and illustrative example shown and described. Accordingly, departures may be made from such details without departing from the scope of the general inventive concept as defined by the appended claims.

### Claims

1. A device for use in treating a patient suffering from bone disorders, said device comprising:
  - a) a pivoting platform (32) having one end designed to support said patient's heels and then let them drop,
  - b) cyclic lifting means (42,44) for alternately lifting and lowering said one end of said platform to lift said patient's heels,
  - c) a motor (46) rotatably coupled to said cyclic lifting means for causing said cyclic lifting means to rotate and to alternately lift and lower said one end of said platform and switch means (60) for activating said motor,
 characterised in that rate adjustment means (46a) is provided for controlling the speed of said motor, and in that distance adjusting means (28,30) is provided to act with the cyclic lifting means to allow said patient's heels to drop a prescribed drop excursion to impart a desired load to the skeletal tissue of said patient, said prescribed drop excursion being determined in accordance with a desired impact load to be imparted to said patient to generate in the patient's skeletal tissue an electrical signal having the majority of its energy level between 0.1 Hz and 1 kHz, with peak amplitude values lying between 15 and

16 Hz, the electrical signal being generated in response to the dropping of the patient's heels.

2. The device of claim 1 wherein the cyclic lifting means includes
  - a) a pivoting lift lever (40) having a fixed end remaining relatively stationary and a free end capable of substantially vertical movement, and
  - b) a lift link (38) connecting said lift lever to said pivoting platform to ensure that the free end of the lift lever raises the one end of the platform a predetermined distance.
3. The device of claim 2 wherein said cyclic lifting means (42,44) includes:
  - a) a cam follower (42) located under said free end of said lift lever (40);
  - b) a cam (44) coupled to said motor and engaging said cam follower, said cam including:
    - (1) a cam face (44') for gradually lifting said one end of said platform in a controlled manner to raise said patient's heels said prescribed drop excursion, and
    - (2) a discontinuous face (44'') for allowing said one end of said platform to drop said prescribed drop excursion.
4. The device according to any preceding claim wherein said distance adjusting means (28,30) includes a plurality of stops of differing heights for placement under said platform to adjust said prescribed drop excursion, said stops engaging said platform as said patient's heels are allowed to drop.
5. The device of any preceding claim further including computer means, coupled to said distance adjusting means (28,30) for setting said prescribed drop excursion.
6. The device of claim 4 or claim 5 when appended to claim 4 wherein said stops are made of differing materials and placed under the platform.
7. The device according to any preceding claim including computer means for controlling the rate adjustment means (46a).

#### Patentansprüche

1. Vorrichtung zur Verwendung bei der Behandlung eines an Knochenerkrankungen leidenden Patienten, welche Vorrichtung umfaßt:

a) eine schwenkbare Plattform (32), deren eines Ende ausgelegt ist, um die Fersen des Patienten zu unterstützen und sie (sich) absenken zu lassen,

b) eine zyklisch oder periodisch arbeitende Hubeinrichtung (42, 44) zum abwechselnden Anheben und Absenken des einen Endes der Plattform für das Anheben der Fersen des Patienten,

c) einen drehbar mit der zyklisch oder periodisch arbeitenden Hubeinrichtung verbundenen Motor (46), um die zyklisch oder periodisch arbeitende Hubeinrichtung zu veranlassen, sich zu drehen und das eine Ende der Plattform abwechselnd anzuheben und abzusenken, und ein Schaltermittel (60) zum Aktivieren des Motors,

dadurch gekennzeichnet, daß eine Frequenzeinstelleinheit (46a) zum Regeln der Geschwindigkeit des Motors vorgesehen ist und daß eine Streckeneinstelleinheit (28, 30) vorgesehen ist, die mit der zyklisch oder periodisch arbeitenden Hubeinrichtung zusammenwirkt, um die Fersen des Patienten über einen vorgeschriebenen Fall- oder Absenkausschlag abzusinken und (damit) eine gewünschte Belastung auf das Skelettgewebe des Patienten auszuüben, wobei der vorgeschriebene Fall- oder Absenkausschlag entsprechend einer gewünschten Stoßbelastung bestimmt ist, die auf den Patienten ausgeübt werden soll, um im Skelettgewebe des Patienten ein elektrisches Signal zu generieren, dessen Energiepegel zum größten Teil zwischen 0,1 Hz und 1 kHz liegt, während Spitzenamplitudenwerte oder -größen zwischen 15 und 16 Hz liegen, welches elektrische Signal in Abhängigkeit vom Absenken der Fersen des Patienten generiert wird.

2. Vorrichtung nach Anspruch 1, wobei die zyklisch oder periodisch arbeitende Hubvorrichtung umfaßt:

a) einen schwenkbaren Hubhebel (40) mit einem vergleichsweise ortsfest bleibenden festen Ende und einem freien Ende, das eine beträchtliche Vertikalbewegung durchzuführen vermag, und

b) einen den Hubhebel mit der schwenkbaren Plattform verbindenden Hublenker (38) zur Gewährleistung, daß das freie Ende des Hubhebels das eine Ende der Plattform über eine vorbestimmte Strecke anhebt oder hochfährt.

3. Vorrichtung nach Anspruch 2, wobei die zyklisch oder periodisch arbeitende Hubvorrichtung (42, 44) umfaßt:



- a) einen unterhalb des freien Endes des Hubhebels (40) angeordneten Kurvenfühler (42), (und)
- b) eine mit dem Motor gekoppelte und am Kurvenfühler angreifende Steuer-Kurve (44), welche Steuer-Kurve aufweist;
- (1) eine Kurvenfläche (44') zum allmählichen Anheben des einen Endes der Plattform in kontrollierter Weise, um die Fersen des Patienten über den vorgeschriebenen Fall- oder Absenkausschlag anzuheben, und
- (2) eine diskontinuierliche Fläche (44''), um das eine Ende der Plattform sich über den vorgeschriebenen Fall- oder Absenkausschlag absenken zu lassen.
4. Vorrichtung nach einem der vorangehenden Ansprüche, wobei die Streckeneinstelleinheit (28, 30) eine Anzahl von Anschlägen unterschiedlicher Höhen für Platzierung unter der Plattform, um den vorgeschriebenen Fall- oder Absenkausschlag einzustellen, aufweist, welche Anschläge an der Plattform angreifen, wenn die Fersen des Patienten zum Absenken gebracht werden.
5. Vorrichtung nach einem der vorangehenden Ansprüche, ferner umfassend eine mit der Streckeneinstelleinheit (28, 30) gekoppelte Rechneinheit zum Einstellen bzw. Vorgeben des vorgeschriebenen Fall- oder Absenkausschlag.
6. Vorrichtung nach Anspruch 4 oder 5, soweit von Anspruch 4 abhängig, wobei die Anschläge aus unterschiedlichen Werkstoffen geformt und unter der Plattform platziert sind.
7. Vorrichtung nach einem der vorangehenden Ansprüche, mit einer Rechneinheit zum Steuern der Frequenzeinstelleinheit (46a).

#### Revendications

1. Dispositif destiné à être utilisé pour le traitement d'un patient souffrant de troubles osseux, ledit dispositif comprenant :
- a) une plate-forme pivotante (32) ayant une extrémité destinée à supporter les talons dudit patient puis à les laisser retomber,
- b) des moyens de soulèvement cyclique (42, 44) destinés à soulever et à abaisser de manière alternative ladite extrémité de ladite plate-forme destinée à soulever les talons dudit patient,
- c) un moteur (46) couplé de manière rotative auxdits moyens de soulèvement cycli-

ques pour faire tourner lesdits moyens de soulèvement cycliques afin de faire soulever et abaisser de manière alternative ladite extrémité de ladite plate-forme et des moyens de commutation (60) destinés à mettre en marche ledit moteur, caractérisé en ce que des moyens de réglage de la vitesse (46a) sont prévus afin de régler la vitesse dudit moteur et en ce que des moyens de réglage de la distance (28, 30) sont prévus pour agir avec les moyens de soulèvement cycliques, de manière à faire retomber les talons dudit patient selon une trajectoire de chute prédéterminée afin de communiquer une charge souhaitée au tissu squelettique dudit patient, ladite trajectoire de chute prédéterminée étant définie selon la force du choc que l'on souhaite communiquer audit patient, de manière à générer dans le tissu squelettique du patient un signal électrique dont la majorité du niveau d'énergie est comprise entre 0,1 Hz et 1 kHz, avec des valeurs d'amplitude maximales comprises entre 15 et 16 Hz, le signal électrique étant généré en réponse à la chute des talons du patient.

2. Dispositif selon la revendication 1, dans lequel les moyens de soulèvement cycliques incluent :

a) un levier de soulèvement pivotant (40) présentant une extrémité fixe restant relativement stationnaire et une extrémité libre capable d'effectuer un mouvement essentiellement vertical, et

b) une articulation de soulèvement (38) reliant ledit levier de soulèvement à ladite plate-forme pivotante, de manière à assurer que l'extrémité libre du levier de soulèvement soulève l'extrémité de la plate-forme sur une distance prédéterminée.

3. Dispositif selon la revendication 2, dans lequel les moyens de soulèvement cycliques (42, 44) incluent :

a) une contre-came (42) située sous ladite extrémité libre dudit levier de soulèvement (40) ;

b) une came (44) couplée audit moteur et engageant ladite contre-came, ladite came incluant :

(1) une face de came (44') destinée à soulever de manière graduée ladite extrémité de ladite plate-forme de manière contrôlée afin de soulever les talons dudit patient selon ladite trajectoire de chute prédéterminée, et

(2) une face discontinue (44'') destinée à permettre à ladite extrémité d ladite plate-forme de retomber selon ladite trajectoire de chute prédéterminée.

4. Dispositif selon l'une quelconque des revendications précédentes, dans lequel lesdits moyens de réglage de la distance (28, 30) incluent plusieurs dispositifs d'arrêt de hauteurs différentes destiné à être placés sous ladite plate-forme afin de régler ladite trajectoire de chute prédéterminée, lesdits dispositifs d'arrêt engageant ladite plate-forme lorsque les talons dudit patient retombent.
5. Dispositif selon l'une des revendications précédentes, incluant également des moyens informatiques couplés auxdits moyens de réglage de la distance (28, 30) destinés à définir ladite trajectoire de chute prédéterminée.
6. Dispositif selon la revendication 4 ou 5 jointe à la revendication 4, dans lequel lesdits dispositifs d'arrêt sont faits de matériaux différents et sont placés sous la plate-forme.
7. Dispositif selon l'une des revendications précédentes, incluant des moyens informatiques destinés à contrôler les moyens de réglage de la vitesse (46a).

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FIG. 1

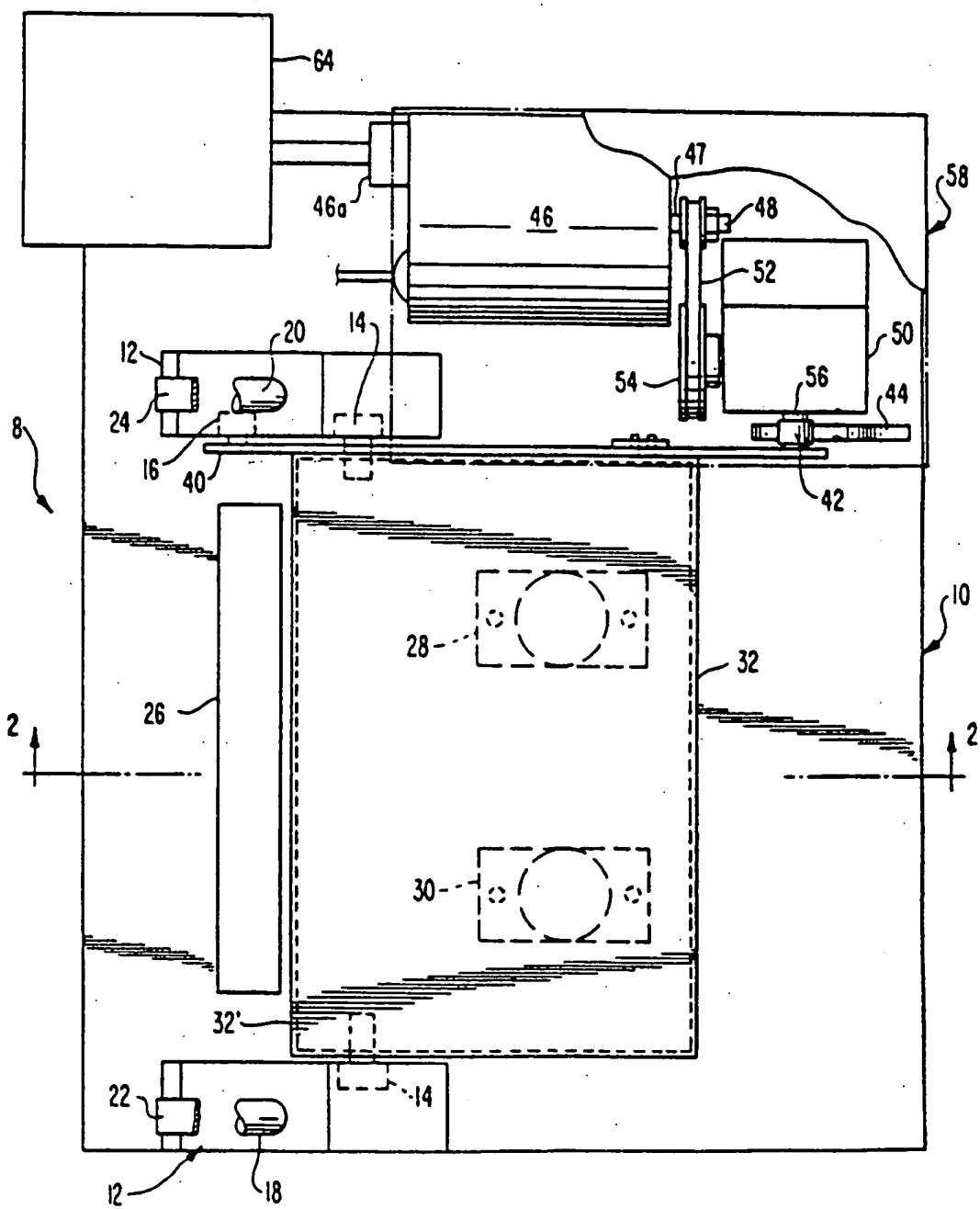


FIG. 2

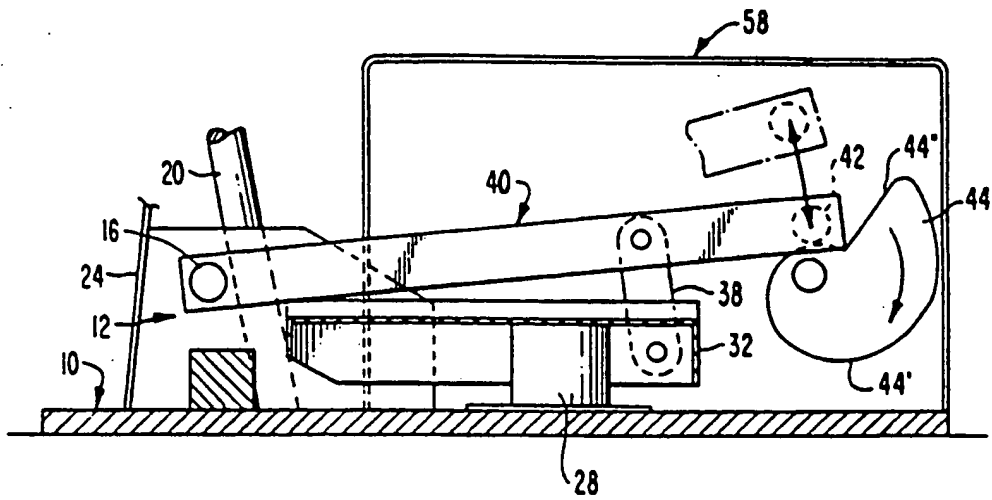
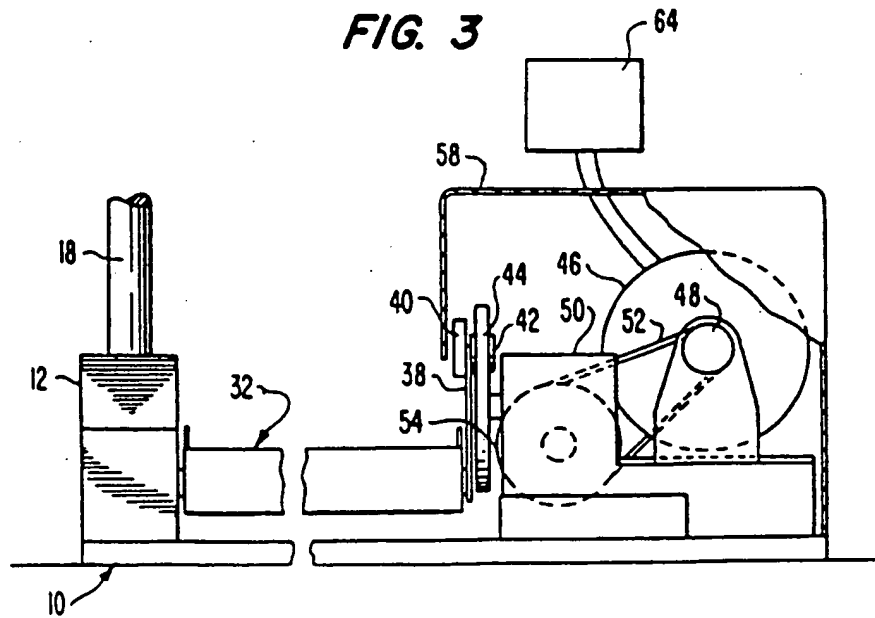
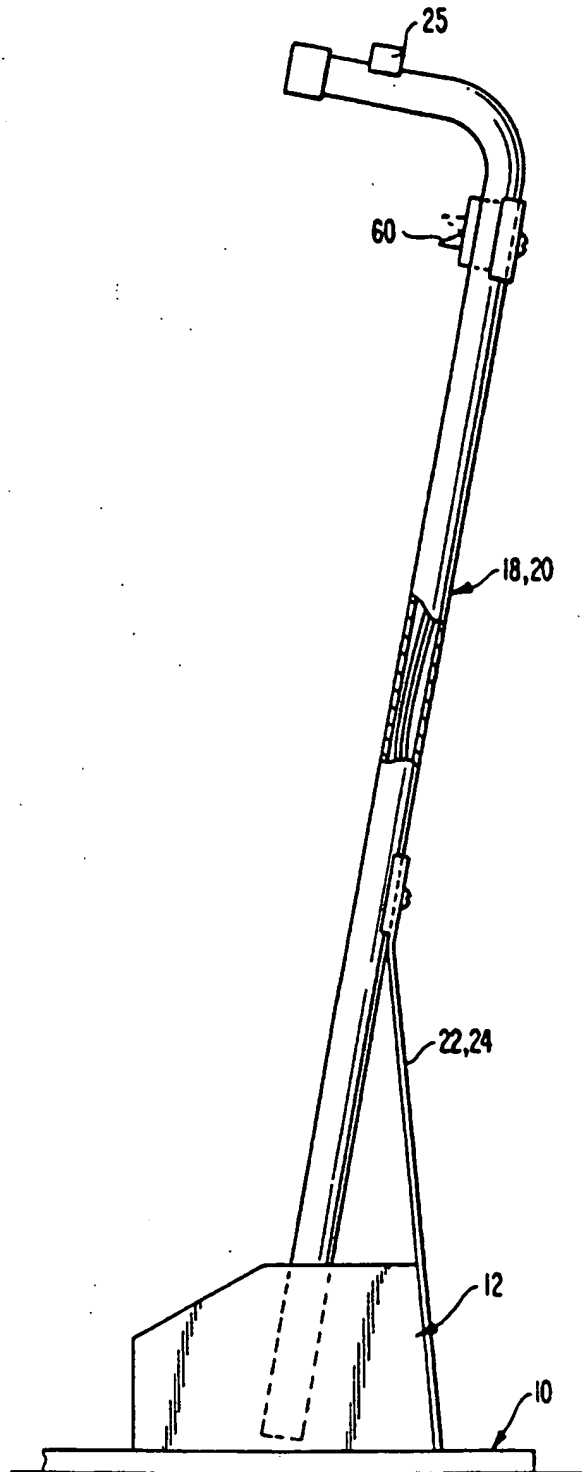


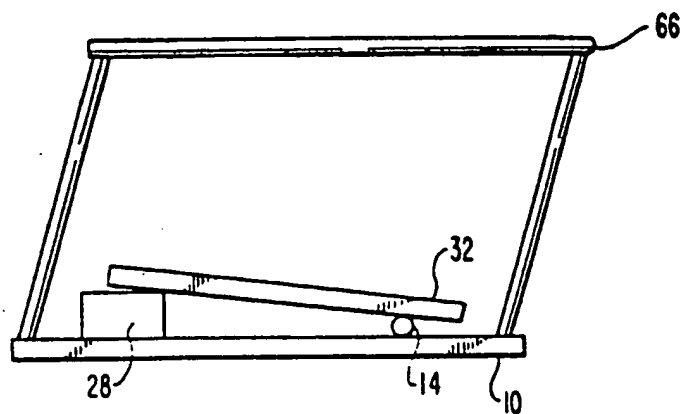
FIG. 3



**FIG. 4**



**FIG. 5**



**FIG. 6**

